

**INDIANA DEPARTMENT OF INSURANCE
WAIVER DEMONSTRATION PROJECT**

Pursuant to Public Law 211-2003, Section 10(a), please provide the following information for the time period July 1, 2003 through June 30, 2004.

Company Name: Central Reserve Life Insurance Company
Address: 17800 Royalton Road
City, State, Zip Code: Cleveland, Ohio 44136
Phone Number: 800-321-3997

Name and Title of Person Providing the Information:

Megan Jackson, Regulatory Analyst

Please provide the following: [This form may be attached to separate pages listing all responses to the requested information.]

1. The number of policies issued with a waiver pursuant to IC 27-8-5-2.5(e) or IC 27-8-5-19.2.

0

2. A list of specified conditions that the insured waived.

0

3. The number of waivers issued for each specified condition listed in Question 2 above.

N/A

4. The number of waivers issued categorized by the period of time for which coverage of a specified condition was waived.

N/A

5. The number of applicants who were denied insurance coverage by the insured because of a specified condition.

7 (through July 14, 2004)

6. The number of complaints and requests for external grievance review filed in relation to a waiver.

0

**Please return your completed form to: Adrienne Quill, Esq.
Chief Deputy Commisisoner
Indiana Department of Insurance
311 W. Washington St. Suite 300
Indianapolis, IN 46204**

Pursuant to Public Law 211-2003 Section 10(b), responses are due by August 1, 2004. Thank you for your participation in the Waiver Demonstration Project.